Bealth	Department	, City of	Baltimore	. /"
Permit No. 1500	Office of Registry	ar at Notat	tatistics. Ward	4-
The Physician who attended any to the Undertaker or other person su	y person in a last illness is to perintending the buring,	hasible for the present in twenty jobs and anti-	to of this Certificate, accessed to leath of said decease	ed, or sooner, if
CER	TIFICAT	TO FRED	EATH.	1
Date of Death,		July 18	1887.	
Full Name of Deceased, (Cross of Male of Terrole (Cross of Terrole)	Vrite legibly and spell prrectly. If an Infant ot named, give names f parents.	valler,	O. Bucho	4-
Sex, Mate of Temate, (require	d in this line.			<i>j</i>
Age,	Years,	O Month	hs,	Days
Color,	· · · · · · · · · · · · · · · · · · ·	•		
Married, Single, Widow or	Widower, Cross out the	words not }	, /	
Birth Place, State or country, and long in the United State of foreign birth.			······	
Duration of Residence in	the City of Baltimore	9,		
Place of Death, Give Street and Number.	·}	708 6.12	alto Sh.	
		10 ~ 10		
Cause of Death, First (Prin	amediate), Suf	lammati	n of Brain	•
Duration of Last Sickness		4 days		
All the above information should be lace of Burial, Soul	1 (1) 1	-\		
Date of Burial, July	200/887.	1 00	C C dd	
J Undertaker, Co	Rohde.	7.00	Medical Attends	
Place of Business, 18	J. Tenna ave	Address, 52	6 H. Carro	eller as

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list or

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P/A	

to the Undertaker or other person superintending the burial, within twenty your hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Suly 17/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, & Months, 9 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not required in this line.}
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } / 2/9 Church &
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Landenpark Com
Date of Burial July 19 th 1883 MAN X/19/11
(Undertaker, Pelices Kaghiffe Medical Attendant
Place of Business, Sparp Beard Address, Cor 2 Pace and
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Ward 16 "

Bealth I	Jepartment,	City	of	Baltimore.
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Ward.

Statistics.

Office of Registr The Physician who attended any person in a last illne to the Undertaker or other person superintending the buring requested so to do, under penalty of law.

No Permit for Burial can be on of this Certificate, accurately filled out, be death of said deceased, or sooner, if RTIFICATE.

CERTIFICA

Date of Death, July 18. 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Herr Female, {Cross out the word not }
Age, 37 Years, 7 Months, 7 Days
color, white
Married, Single, Widow on Widower, {Cross out the words not } required in this line. }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 702 %. Lowerend
Cause of Death, { First (Primary), berebral bongestion
Second (Immediate), 4
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial Loudon Park Commeters
Date of Burial Inter 19 4187 180 Browney D
Undertaker, Stewart Myguren Medical Attendant.
Place of Business, 215 7217 book an Address, 1218 Mallion Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four bours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, Gity of Baltimore
Permit No. 1503 Office of Registration Vital Statistics. 6 We
The Physician who attended any person in a last illness is responsible for the presentation, this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty for hours after the thought of said deceased, or soone if requested so to do, under penalty of law.
No Permit for Burial Can be Obtained Without a Proper Certificate.
CERTIFICATE OF EATH
Date of Death, July 18 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, Cross out the word not required in this line.
Age, Years, Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the word not }
Occupation,
Birthplace, {State or Country and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give street and W. Wolf To 824
Cause of Death, Second, (Immediate.) 3 Deauhese
Duration of Last Sickness, 13 Washes All the above information should be furnished by the Physician.
Place of Burial Boheman National.
Date of Burial, July 19. 68%. Medical Attendant.
(Undertaker, Frank Evach.
Place of Business, 827. R Durham Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Bultim

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dot of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, us furnise within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physician	is is Respectfully Invited to the R	emarks below, and to List	of Diseases on back of this	s Certificate.
	Department,	City of Z	galtimore.	
	Office of Registra			
The Physician who attended to the Undertaker or other person requested so to do, under penalty o No Perm	superintending the barial, within f law.			or sooner, i
CER	TIFICATE	OP DE	ATH.	
Date of Death,	July 18/87			
Full Name of Deceased, Sex, Male-or Female, (Cro	Write legibly and spell correctly. If an Infant not named, give names	igant a.D.	Cathell.	
Sex, Male or Female, { req	oss out the word not) uired in this line.	truale		
Age, 73	Years,	- Months,		Days.
Age, 73 W	hite			
Married, Single, Willow	or Widower, {Cross out the wor required in this li	ds not } Sui 9	le /	
Occupation,	100	lu '	1/	
Birth Place State or country, a	nd how) \mathcal{U}	dryland		

Place of Death, {Give Street and } //03 Harlem ave

Cause of Death, {First (Primary), Chronic Diarrhoea

Second (Immediate), Old age

Duration of Last Sickness, Survelly

Duration of Residence in the City of Baltimore, 25 42au

All the above information should be furnished by the Physician.

Date of Burial loss / Liver ma

Thomas Opie

Howard Sh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

ON THE THE THE PRINT OF THE PARTY

Place of Business 2

Health	Department,	City of	Baltimore.	声
Permit No. 1505	Office of Registra	r of Vital Ste	atistics. Ward/	- 4
	FOR BURIAL CAN BE OBTAIN	ED WHOUT PAR	CE CERTIFICATE.	or sooner, if
	TIFICATE	C. C		
Date of Death,	Illy !	19 1,8	17	
Full Name of Deceased, S	Write legibly and spell correctly. If an Infant named, give names of parents.	Mary	Wooda	ll.
Sex, Male or Female, { cross required.	s out the word not }			
Age,	Years,	/ S Month	8,	Days.
Color,		m	, /	
Married, Single, Widow of	r Widower, {Cross out the wor	rds not }		
Occupation,			, ,	
Birth Place, State or country, and long in the United State of foreign birth.	d how states,	Ball		
Duration of Residence in	the City of Baltimore	3 ,	-	O 244
Place of Death, {Give Street an Number.	\mathcal{A}	car bol	phui of Dru	Whill
${\it Cause of Death}, egin{cases} { m First (Prison of Second (Death), } \\ { m Second (Death), } \\ { $	(mmediate),	Con	vulsion	
Duration of Last Sicknes	furnished by the Physician	4 day	1.9	
Place of Burial, Met 7	Hovel Count	ers		
Date of Burial Zuly	20 2 1889	Ify.	Mebale 1	M. D.
(Undertaker, John	1. Machen		Medical Attendant.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, Taca & learn de Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Place of Business, 100

The special Attention of Physicians is Kespectivity invited to the Kemarks Delow, and to list of Diseases on Dack of this tertineste-

Mepartment, City

Permit No. 1506 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate. Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Days. Months, Age, Color. Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation,... au Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. First (Primary) Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial Western Date of Burial, Undertaker. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Mepartment, City of Balt Office of Registrar of Vital Statistics. Permit No. The Physician who attended any person in a last illness, is responsible for the precentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-feur hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained without a Proper Certificate. CERTIFICAT OF 1887 ruly 19. Date of Death, Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Make or Female, {Cross out the word not } required in this line. Months, Days. Age, ... Color ... Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Tennsy wan Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial Landen Part cornetey Date of Burial, July 20 Undertaker, Jes & Con Place of Business 1003 W Bals

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

NT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

Bealth Department, City of Baltimore.

The Physician who attended a to the Undertaker or other person requested so to do, under penalty on No Person No Per	Office of Register any person in a base filmess, is superintending the burial, we f law.	responsible for the president twenty-four hours a	entation of this Certif after the death of said	Ward ficate, accurately filled out, if deceased, or sooner, if
CEF	RTIFICAT	E OF I	DEATH	
Date of Death,	truly 18	2	//	•
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	20. Alphon	so fine	en.
Sex, Male or Remale, {Cros requi	s out the word not }	····		
Age,	Years,		ths,	2 Days
Color,	phili		***************************************	
Married, Single, Widow	or Widower, {Cross out trequired is	he words not }		
Occupation,				
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,	M		
Duration of Residence in		ore, Af	n hu	
Place of Death, {Give Street Number.	and} 163	so m	My	et !
Cause of Death, $\begin{cases} \text{First (Properties)} \\ \text{Second (} \end{cases}$	Tmmediate),	ville	mis S	Refairle
Duration of Last Sickne		day		
Place of Burial, Lo	1 K)	18 leen.	11	
Date of Burial, Que	ly 19' /88		John &	the wo
(Undertaker,	13. Wook		Medica	Attendant.
Place of Business, 1 6	10 3 Ell Ba	DAddress 701	A Can	Win an

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special	Attention of Physicians	is Respectfully Invited to the R	emarks below,	and to I	ist of	Diseases on	back of this	Certificate.
	Baulth	Danwetmant	Mita	~6	m.	.14:	~~~	

		طربيق مال هربيب	
Permit No. 10 09 Offi	ce of Registrar	of Vital Statistics.	Ward O
The Physician who attended any per to the Undertaker or other person supering	son in a last illness, is respetending the burial, within	posible for the presentation of this	Certificate, accurately filled ou of said deceased, or sooner.
requested so to do, under penalty of law.	7 (2000)	D WITHOUT PROPER CERTIFIC	
app.m.	DI 10	The seal of	
CERTI	FICATE	OF DEAT	H.
Date of Death,	uly 17th 188	PMD.	
$Full \ Name \ of \ Deceased, \left\{ egin{small} ext{Write 1} \\ ext{correctl} \\ ext{not nar} \\ ext{of pared} \end{array} ight.$		ed Norton	
Sex, Male or Formale, { Cross out the required in	e word not }		
Age, Y	ears,	5 Months,	Days
Color, Colored			1
Married, Single, Widow or We	dower, { Cross out the words required in this lin	s not }	
Occupation, No		•	
Birth Place, {State or country, and how long in the United States, }	Baltinore		
Duration of Residence in the	City of Baltimore,	Zoefe	
Place of Death, {Give Street and }			
First (Primary)	Cholera Pr	fantine	
Cause of Death, $\begin{cases} \text{First (Primary)} \\ \text{Second (Immed)} \end{cases}$	iate), Cotof	Convulsions	
Duration of Last Sickness,	30 days.		
Place of Burial, Laurel	Ceine		
Date of Burial, fully	190/881	& me 0+1	
(Undertaker, Il. M.	Dunger	6, 16. Tiulle	Age M. D.
Date of Burial, July 19 { Undertaker, White Street Place of Business, 1000	Bas & SA Add	dress, for A. x	aggical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.